

MONTANA

CERTIFICATION BUREAU
STATE SURVEY AGENCY
SPRING CONFERENCE REPORT
April 2, 2008

The Plan for This Afternoon



- Addressing CAH Questions Submitted to the Bureau ~ **Mark Galaska & Bill Gary, Facility Surveyors**
- Making Your Life Safety Code Survey Run Smoothly ~ **Glenn Davis, LSC Supervisor**
- Abuse Prevention ~ **LaDawn Whiteside, Surveyor Supervisor**
- Additional Questions

CAH Question #1

- “Like Certification, does Licensure do a survey after a facility moves to a new location?”



CAH Question #2

- We were told in a recent survey that new CAH regs had been released, and we were offered a copy. We were also told that just a few changes had been made, mostly just combining or moving some tags around. Are we required to have new regs when only tag organization was addressed in the changes?
- I did a cursory review of the revised CAH SOM mentioned here and the only thing I could find that was new was the relocation reg. Is it that necessary to possess a new version when it appears to have only one change that won't even apply to most CAHs?



CAH Question #3

- The Joint Commission was good about collecting “good” forms, tools, policies, etc. and would share those resources with a facility that needed a “good” form, tool, etc.
- If the State (CMS) surveyors are there to help facilities succeed, can’t they do the same? I remember all the discussion and emails to the PIN about Care Plans. I would think the surveyors saw some they thought accomplished what they want a Care Plan to accomplish, and those they thought were “good” Care Plans.
- The Joint Commission simply asked to use our (previous hospital) admission database and initial assessment to carry with them and when they found a facility that needed help in that area, they provided the facility with a copy. We are ALL working towards the betterment of patient care and safety, so why can’t we begin to work on this type of open communication with the State surveyors?



CAH Question #4

- Is there anything in the CAH regulations that indicate that a swing bed has to be called a swing bed or can it be marketed as a transitional care bed?



CAH Question #5

- Can a patient be transported on a Basic Ambulance Service with an RN and cardiac drugs to the next facility? Does it change the level of care provided?



CAH Question #6

- What is required for Peer Review?
 - Do we need to spell it out in policy?
 - Do we have to document findings and corrective actions?
 - What are the requirements of number of records physicians must review for mid-levels practitioners?



CAH Question #7

- When a verbal order is received, how soon must the physician follow up with a signature?



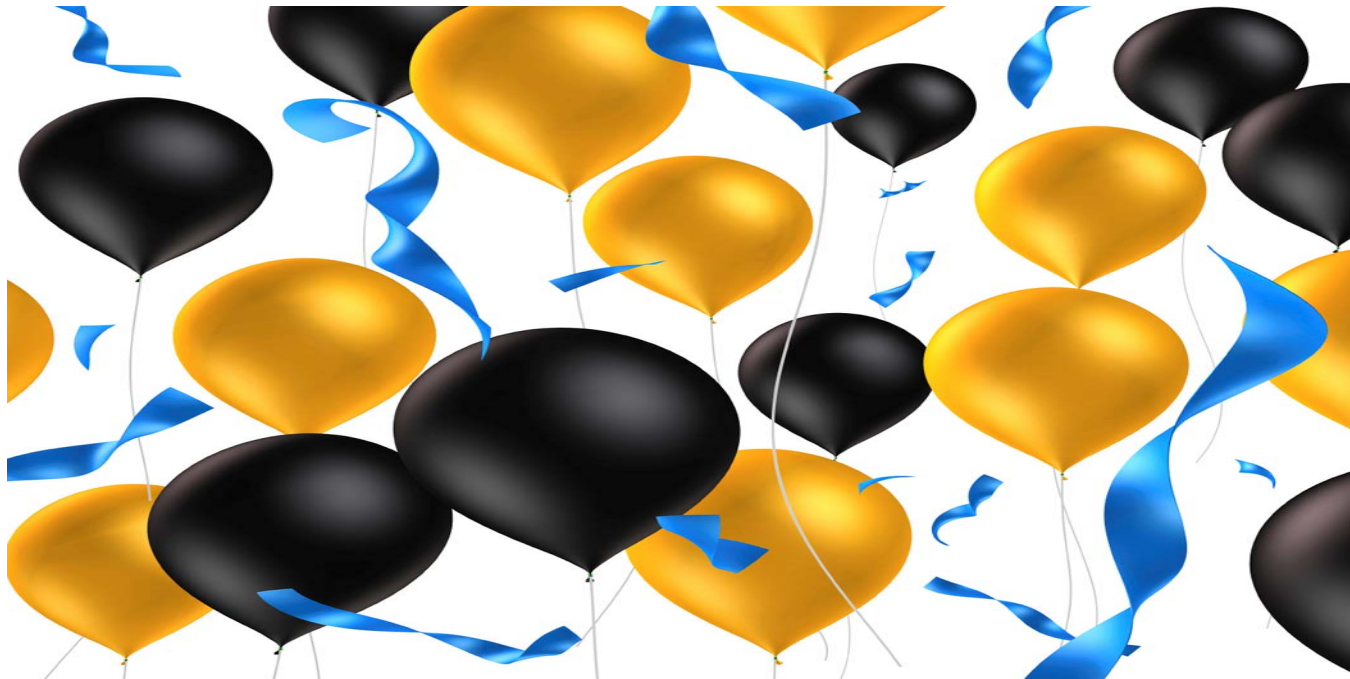
CAH Question #8

- The CAH SOM Manual reads that the Social Services person must hold a BS degree in Social Services, but that a staff RN can perform this function in the absence of the Social Services person, while the Swing Bed Manual makes reference to the interdisciplinary team as a requirement which includes Social Services.
- Can an RN to perform the Social Services function? What is the policy for the timeliness of performing the Social Services evaluation? Our policy reads 24 hours, but we have also been informed 48 hours is acceptable.

CAH Question # 9

- What is the most frequently cited tag and why?

GOOD QUESTION!



Top Ten Citations in Critical Access Hospitals

TAG	Narrative	MT Rank	Region Rank	US Rank
C0222	Maintenance	1	4	2
C0276	Policies - Drug management	2	1	1
C0224	Drug Storage	3	3	20
C0298	Nursing Services - Care Plans	4	2	5
C0395	Comprehensive Care Plans	5	5	32
C0241	Governing Body	6	9	10
C0308	Protection of Record Information	7	6	18
C0226	Ventilation, Lighting, Temp Controls	8	22	19
C0225	Clean Facility	9	24	13
C0151	Compliance with Federal Laws/Regs	10	25	91
C0307	Records System	44	15	3
C0278	Policies - Infection Control	NA	12	4
C0279	Policies Nutrition	23	13	6
C0304	Records System	26	8	7
C0297	Nursing Services - Drug Admin.	35	10	8
C0337	Quality Assurance	11	14	9
C0302	Records System	24	7	16

CAH Question #10

- How soon must a History & Physical be dictated? 24 or 48 hours?



CAH Question #11

- What are the guidelines and required documentation for restraint use?



CAH Question #12

- Must providers make routine rounds on patients? The Board doesn't want to be involved so how do we assure patients are being treated properly?



CAH Question #13

- What is the recommended timeframe to continue QA on a state deficiency?
- Should QA be quarterly or annually?



CAH Question #14

- We are currently licensed for 11 beds and are thinking of expanding this to 25. Those 14 beds would be in the NH. How would this be implemented? How would it affect the staff?



CAH Question #15

- Are there plans for CAHs to be surveyed more often than every 3 years?



TOP TEN LSC TAGS

Long Term Care

MT vs. NATIONAL	MT 2007	# Tags MT	NATIONAL 2007	# Tags Nation
K147 Electrical Wiring & Equipment	1	48	5	3152
K018 Corridor Doors	2	46	1	5487
K038 Exit Access	3	27	4	3306
K062 Sprinkler System Maintenance	4	27	3	3566
K012 Construction Type	5	25	9	2088
K050 Fire Drills	6	23	8	2346
K029 Hazardous Areas - Separation	7	23	2	4158
K025 Smoke Partition	8	20	6	3026
K104 Penetrations for Smoke Barriers	9	18		
K056 Automatic Sprinkler Systems	10	17	7	2979
K069 Cooking Equipment			10	2065

TOTAL TOP TEN TAGS WRITTEN		274		32,173
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K-147

Electrical Wiring & Equipment



Protection of Flexible Cords and Fixture Wires

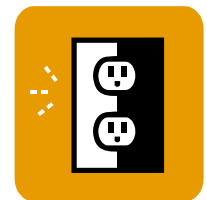
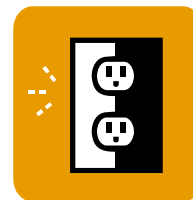
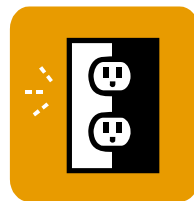
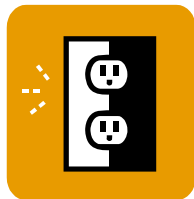
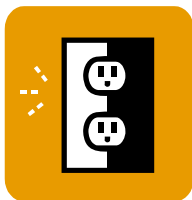
Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against over current by either (a) or (b).

(a) Ampacities. Flexible cord shall be protected by an over current device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against over current in accordance with its ampacity as specified in Table 402-5. Supplementary over current protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection.

Fuses or Circuit Breakers in Parallel

Fuses and circuit breakers shall be permitted to be connected in parallel where they are factory assembled in parallel and listed as a unit.

Individual fuses, circuit breakers, or combinations thereof shall not otherwise be connected in parallel.



K-18

Door Openings, Self Closures, Positive Latching

- 2000 EXISTING

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

K 18 continued

- 2000 New

Doors protecting corridor openings shall be constructed to resist the passage of smoke.

Doors shall be provided with positive latching hardware.

Dutch doors meeting 18.3.6.3.6 are permitted.

Roller latches shall be prohibited. 18.3.6.3



Roller Latches not allowed in hallway doors

- **Title** Compliance Date for Installation of Emergency Lighting and Replacement of Existing Roller Latches
- **Memo #06-08**
- **Posting Date** 03/10/2006
- **Fiscal Year** 2006
- **Summary** The purpose of this memorandum is to notify States and Regional Offices (ROs) of the upcoming dates for nursing homes to comply with requirements concerning emergency light and the replacement of roller latches originally published January 10, 2003, in the Federal Register (Vol. 68, No. 7, page 1374) as a final rule entitled "Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities

K-38 EXIT ACCESS

- Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. & 18.2.1, 19.2.1

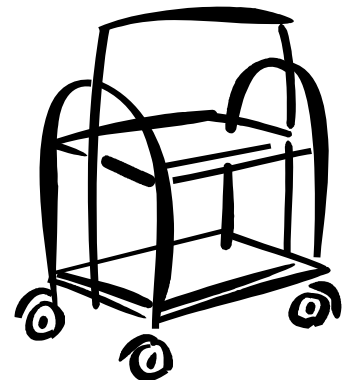


Is there a 30 minute rule?

YES! K-38 & 72

- This is discussed during surveyor training. The 30 minutes guideline provides an opportunity for the removal of the obstruction (if over 30 minutes, the obstruction is considered unattended).
- During the survey, it is customary for the surveyor to note the time the item is first noticed and a second time is recorded to document the time if it exceeds 30 minutes.
- Any documentation exceeding 30 minutes will result in a deficiency citation.
- **EXCEPTIONS: Crash & Infection Control Carts**
- **S&C letter 04-41 Defines unattended obstacles and time limits.**

- No chairs, tables, filing cabinets or carts can be located so as to reduce the width of the corridor to less than the width the corridor was originally constructed. In use (not left unattended for more than 30 minutes) items such as linen carts, medication carts and janitorial equipment.
- A plan must be in place for the removal of these items in the event that an evacuation must take place.



K-62

Sprinkler System Maintenance

K62 Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

Possible Solution: Establish a working relationship with a sprinkler representative. Ask the representative to conduct an annual preventative maintenance of your system including your fire extinguishers.



K-12 Construction Type

- 2000 EXISTING

Building construction type and height meets one of the following:

19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1

- 1 I (443), I (332),
- 2 II (222) Any Height
- 2 II (111) One story only (non-sprinklered).
- 3 II (111) Not over three stories with complete automatic sprinkler system.
- 4 III (211) Not over two stories with complete automatic sprinkler system.
- 5 V (111)
- 6 IV (2HH)
- 7 II (000)
- 8 III (200) Not over one story with complete automatic sprinkler system.
- 9 V (000)

K-50 Fire Drills



K50 Fire drills are held at unexpected times under various conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine.

Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership.

Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.
18.7.1.2, 19.7.1.2.

Possible Solution: Review your fire drill forms every two months.

K-29 Hazardous Areas-Separation

- 2000 EXISTING

One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors. Doors shall be self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

Describe the floor and zone locations of hazardous areas that

Area Automatic Sprinkler Separation N/A

- a. Boiler and Fuel-Fired Heater Rooms
- c. Laundries (greater than 100 sq feet)
- d. Repair Shops and Paint Shops
- e. Laboratories (if classified a Severe Hazard - see K31)
- f. Combustible Storage Rooms/Spaces (over 50 sq feet)

K -56 AUTOMATIC SPRINKLER SYSTEM

- 2000 EXISTING

Where required by section 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7.

Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. 19.3.5, NPFA 13

K-56 Combustible Canopies

- In accordance with 5-13.8.1 of NFPA (1999 ed.) sprinklers shall be installed under exterior roofs or combustible canopies that exceed four feet in width.

K-74 COMBUSTIBLE FABRICS

- Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in nursing facilities shall be in accordance with provisions of 10.3.1 and NFPA 13 Standard for the Installation of Sprinkler Systems. Except shower curtains shall be in accordance with NFPA 701

Newly introduced upholstered furniture shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.1. 18.3.5.3 and NFPA 13.

Newly introduced mattresses shall meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) and 10.3.4. 18.7.5.3, 19.7.5.3.

Newly introduced upholstered furniture and mattresses purchased since March, 2003.

Possible Solutions:

- Create an informational brochure for family members instructing them about decorations (e.g. curtains and hanging quilts). These items must be treated with an approved fire retardant.
- Create a check sheet to monitor reapplying fire retardant to items that have been laundered.

K69 - Kitchen Hood Extinguishing System

NFPA 96-9.2.3

- Serviced twice annually by a licensed professional
- Cleaned twice annually
- 40 BC or K-type portable extinguisher is required in the kitchen area. A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area. Class B gas-type portables such as CO2 and Halon shall not be permitted in kitchen cooking areas
- Links must be changed at least annually
- Hood system must be interfaced with the Fire Alarm Control Panel (FACP)
- Fuel Shutoff - Upon activation of any fire-extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off
- Bulbs must be in clean condition

Conclusion



- Create a maintenance check list for personnel to use on a predetermined time line.
- Have a primary and secondary plan in place (i.e: in the event of illness, vacation, meetings).
- Encourage staff and residents to point out items that need addressing i.e: burned out Exit bulbs.
- Refer to NFPA 101 for information we use to conduct our surveys notably Chapter 19 and any additional referenced codes.

- <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>
- CMS site where you can download additional information regarding policies used during surveys.
- Roller Latches- S&C -03-21, S&C – 06-08
- Additional NFPA referenced Codes for surveys S&C-04-29
- Waivers S&C-04-33
- Maintaining corridor width S&C-04-41

- Battery powered smoke Detectors S&C-05-25
- Sprinkler protection for wardrobes, canopies, and defining a public way. S&C-05-38, S&C-07-05, S&C-07-29.
- Location of Alcohol Based Hand rubs S&C-07-01
- Door Gaps S&C-07-18

Completing your POC

- The individual completing the plan of correction should follow this format:
- WHO: Can this citation affect? Is going to be responsible for assuring the correction is made?
- What: Steps will be implemented to ensure a deficiency does not reoccur? (SOP/SOG, monthly/quarterly reports)
- Where: Is the correction going to take place? (location)
- How: List steps that will be implemented to ensure the deficiency does not reoccur. Training, guidelines inspections etc.
- When: Time line for corrections to be completed or waivers requested (as deemed necessary).

REVISITS & FOLLOW-UP

- First step requires an acceptable POC.
- If you are contacted by the Certification Bureau about completing the revisit by mail, acceptable forms of demonstrating your compliance include scanned or photocopied documents, paper/digital photographs and video.
- Each item submitted should be identified with the applicable tag number.
- If you send information via email, please address it to MTSSAD@mt.gov
- You may send information to:
 - PO Box 202953, Certification Bureau, QAD,
Helena MT. 59620-2953
 - The facility can send scanned documents, digital pictures, or videos to the Certification Bureau at MTSSAD@mt.gov
 - Faxes can be sent to (406) 444-3456
 - Please do not send your camera's disk.

Abuse Reporting

Test Your Knowledge

1. Which tag would be cited if one special care unit resident assaults another special care unit resident?

F223 F221 F323 F324 F224

2. To whom does the administrator report a licensed nurse who allegedly took a resident's Christmas gift of perfume?
- a. County Attorney
 - b. Board of Nursing
 - c. Certification Bureau
 - d. Local Ombudsman
 - e. Law Enforcement
 - f. All of the Above

3. When is a nursing facility required to report under F225 a resident who has fallen and sustained no injuries?
- a. Within 24 hours of the incident
 - b. Never
 - c. If they feel guilty
 - d. The family has called an attorney

4. When a resident with capacity is unaccounted for and believed to have left the nursing facility unattended, when does a facility have to report this event to the Certification Bureau?
- a. Never
 - b. Only if there is an injury to the resident
 - c. Only if the resident leaves facility property
 - d. Within 24 hours

5. What tasks are required of surveyors during the survey to complete task 5G?
- a. Interviews with direct care workers
 - b. Pre-survey review of ACTS incidents
 - c. Review of facility's abuse investigations onsite
 - d. Phone call to the local ombudsman
 - e. All of the above

What is the federal definition of abuse?

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.” 42CFR §488.301

7. List Seven different types/forms of abuse

8. At what point do the federal regulations hold the nursing facility responsible for abuse allegations?
- a. At the moment it happens
 - b. At the moment the Administrator knows about it
 - c. Within 24 hours
 - d. At the moment the facility calls the Certification Bureau

9. Is a nursing facility federally required to report abuse allegations to the local ombudsman?

10. Is a nursing facility federally required to report abuse allegations to the nurse aide registry program?

11. What information is required when the facility calls the hotline to report an abuse allegation or injury of unknown source? Name 10.

11. What information is required when the facility calls the hotline to report an abuse allegation or injury of unknown source? Name 10.

Your Name

Facility Name

Date of your phone call

Date of the incident

Time of the incident

Name of resident(s)

Name of staff involved

Name of victim

Name of aggressor/perpetrator

Extent of Injury

Outcome of investigation

Date of investigation & name of investigator

Plan to prevent & protect pending investigation

Action taken by facility



QUESTIONS, CONCERNS COMMENTS?

Let us know
406-444-2099

MTSSAD@mt.gov

The best place to find the latest information is
on the Certification Bureau's website
<http://www.dphhs.mt.gov/qad/certindex.shtml>